

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533051

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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11		1				
12		2				
13	/		/			
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15		2		2		
16		0		0		
17	/		/			
18	/		/			
19		2		2		
20		0		0		
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TOTAL IND.	10	↓	6	↓		↓
TOTAL DEP.	23	↓	12	↓		↓
TOTAL CLAIMS	33		18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						